

Enter and View report

September 2022

Urgent Care Centre

North Tees & Hartlepool NHS foundation Trust

University hospital of Hartlepool



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1 Introduction

1.1 Details of visit

In March 2020 Healthwatch England instructed all local Healthwatch organisations to follow government guidance and stop all face to face engagement with the public, including Enter and View visits. This prompted local Healthwatch organisations to develop other ways in which the delivery of health and care services could be observed and monitored. This was partially achieved by the development of virtual visits which enabled limited, but valuable insight into the delivery of services in health and care settings.

With the gradual lifting of Covid restrictions it has become possible to reintroduce face to face Enter and View visits and our visit to the Urgent Care Centre is our first “live” Enter and View visit to a hospital setting since their reintroduction in April.

However, Covid 19 is still with us, and the visit to Urgent Care was conducted in a proportionate and responsible manner. This was achieved by means of a two person visit to the ward and additional virtual discussions with the Ward Manager and Trust Patient Engagement Manager. The visit followed parameters and safeguards mutually agreed by all parties which were formalised in a Risk Assessment which can be found in Appendix 2.

Details of visit:	
Service address:	Urgent Care Centre, University Hospital of Hartlepool, Holdforth Road, Hartlepool, TS24 9DQ
Service Provider:	Urgent Care Centre
Date and Time:	30 th September 2022 at 10am
Authorised Representatives:	Margaret Wrenn & Margaret Metcalf
Contact details:	Healthwatch Hartlepool, Greenbank, Waldon Street, Hartlepool, TS24 7QS



1.2 Acknowledgements

Healthwatch Hartlepool would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visit.

2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

- To engage with service users of the Urgent Care Centre and understand how dignity is being respected in the Hospital
- Identify examples of good working practice.
- Observe patients and relatives engaging with the staff and their surroundings.
- Capture the experience of patients and relatives and any ideas they may have for change.



2.2 Strategic drivers

- CQC dignity and wellbeing strategy
- Hospital Trusts are a Local Healthwatch priority

2.3 Methodology

This was an announced Enter and View visit which was carried out at a time and date which had been agreed with the service provider.

This was the first physical enter and view visit conducted by Healthwatch Hartlepool since the outbreak of the Covid pandemic to a hospital setting and as such required considerable preparation and planning. The visit process commenced with an on-line discussion with the Senior Clinical Matron Nicola Grieves, Deputy Lead Matt Sheridan and the Trust's Patient Engagement Manager Alison Connelly which took place on Tuesday 27th September. Also present were the two members of the Enter and View visiting team, and Stephen Thomas from Healthwatch Hartlepool. The meeting initially focused on the role and function of the Urgent Care Centre. Nicola then talked us through her responses to the Ward Manager Questionnaire, (a summary of which can be found in Appendix (i)). Finally, we discussed the visit Covid precautions which are outlined in the Risk Assessment which can be found in Appendix (ii).

This was followed by a two-person Enter and View visit to the Urgent Care Centre which took place on Friday 30th September. In addition to the visit, a questionnaire was also made available for patients and carers to complete during a three week period which followed the date of the visit. This was available as a paper copy in Urgent Care but could also be accessed on-line via the Healthwatch Hartlepool website. A copy of the questionnaire and a summary of responses can be found in Appendix(iii).

2.4 Summary of findings -Arrival

Due to the nature of the Department, where patients are seen triaged, streamed, diagnosed and treated as rapidly, safely and professionally as possible, it was not always possible to follow through to the outcome with some of the those to whom we spoke at this visit.

We found the Urgent Care Centre at the side of Hartlepool General Hospital, well signposted. There were also plenty of signs asking those attending to wear a face mask whilst inside the building.

The reception desk was straight ahead as we entered the department and introduced ourselves to the receptionist who immediately contacted Nicola Grieves and Matt Sheridan, who would show us around the building, and explain the daily running of the Department. We were given visors to wear, so that we could converse easily with the patients at this visit. Before our visit we had carried out lateral flow tests, which were both negative, and this information was shown to the staff members before the visit started.



We were shown around the department by Nicola and Matt. It was a large department, very bright and clean, and well served with offices, and plenty of waiting areas for those going to X-ray or awaiting the results of the same. Nicola explained to us that this was a GP led service and was open 24hrs a day 7 days a week. There were 2 crash trolleys (Resuscitation) one for adults and one for children. These were checked daily and kept covered and available for use at any time. There was an office complete with computers which was used by SPA (Single point of access) staff NEAS (North East Ambulance Service) staff, Paramedics, Community Nurses, and Physiotherapy staff. The department computers are compatible with System One, which is used by the GP practices in the Town. ICE for tests, PACS for x-rays.

The office where the Medication Vending-type machine (Omnicell drug cabinet) was housed, was permanently locked until staff needed access to supply medication to the patients. This was very secure in the fact that staff members used a specific number to be able to access the machine.

There was so much information given to us regarding the running of the department that the majority will be contained in Appendices at the end of the report

In reception there were plenty of signs for patients to follow once they were called. There was a large television screen directly in front of the chairs where patients' names were flashed up, informing them which room they needed to go to which would enable them to start their patient journey.

2.5 Results of visit

The department was very large, light and airy, very clean and there was no clutter anywhere.

At this visit, we saw nine patients, four of whom we were able to follow through to the outcome, but the rest were called in for treatment whilst we were speaking to them. We do not hinder the work of the staff, so that is why some of the answers given only apply to the time we were able to spend with those particular patients.

Of the nine patients, 6 were female, 1 adult male and 2 children also male.

Of these, 1 Back and hip pain, 1 kidney pain (pregnant) 1 insect bite, 1 dressing change, 1 ankle injury 1 trapped fingers. 1 Injury to elbow 1 injury to leg 1 cough of 1 weeks' duration.

Of these, 7 had been before. 2 were first visits.

Of these 7 were self-referrals, 1 GP referral 1 advised to attend.

Of these 5 came by car, 2 by taxi 2 worked at the hospital

Of these 3 were accompanied, the rest were alone 1 parked in the surrounding streets (too expensive to park in the car park) 1 person had a blue badge, to use a disabled space so was able to drop off one of the patients from there.

1 accompanied Gentleman from local care home had to wait overnight to attend because there were no wheelchair taxis available when his accident occurred.

All patients found the signage and accessibility to the department quite easy.

There was no problem with help and advice if the patient had requested either of these.

All patients said their experience at reception was good. The reception staff 'were lovely' Was a comment made by a number of the patients.

All patients spoken to were very positive about their Triage experience

All patients said that the waiting time at Reception and Triage was very short

All patients were kept informed about the waiting times, but patient throughput was very rapid throughout.

There was wheelchair access to the department,

None of the patients were suffering from Sensory Loss, 1 patient was hard of hearing only.

Covid Precautions There were lots of notices advising patients to wear masks whilst in the department, these were provided at the reception desk. Although all patients were aware, only two wore masks when asked by a member of the visiting team. **All staff members wore masks.**

Patients usually waited just seconds. 2 waited about 15 minutes 1 was seen straight away (The longest wait was after X-ray whilst waiting for the results and diagnosis)

All patients were kept informed by staff members when they were waiting to see a doctor.

All of the patients felt safe in the department.

All patients had access to water in the department, refreshments were provided for those with diabetes, or who had to wait a longer time than usual. Some of the patients had brought their own bottled water with them.

All patients had support and assistance available to them if necessary. N/A at this visit.

All except one patient were comfortable. That patient had back pain and decided to move around a little to alleviate the pain whilst she waited a short time for treatment.

The whole department was clean and hygienic, the toilets, disabled ones too were well signposted, also all very clean, Lit by blue lighting.

At this juncture - 5 patients were not seen again by us.

Consultation - 2 patients were seen by a doctor, 2 seen by a nurse practitioner, all then continued on to physio or X-ray.

Diagnoses - 1 patient viral infection, mum advised cough syrup for him. 1 patient with insect bite was given a prescription and advised to monitor the area and return to the department if necessary. 1 dressing changed. 1 below-knee plaster applied to a 2-year-old. His mum was advised re any further treatment.



Ongoing treatment - 2 members of staff who worked at the hospital, were able to return to work. The rest had letters sent to their GP's. All patients understood what would happen next.

Patients returning home - 2 by taxi, and 2 by car.

2.6 Additional findings

Overall experience

The waiting times were quite short at this visit, 10-15 minutes, slightly longer after X-rays, awaiting results and diagnosis, but still quite acceptable.

Patients were all positive about the staff attitude and care they received. They were equally positive about their treatment, and any advice given to them. Disability support was available in the event it was needed. Further treatment or advice was given and explained clearly.

None of the patients could suggest improvements at this visit.

All of the patients to whom we spoke rated their experience as 5 = Excellent.

Many thanks to Nicola and Matt for their help, co-operation openness and total professionalism shown at this visit. Their obvious pride in the department is well deserved. They are constantly evaluating the work in the department to ensure the best possible service is available to the patients, whilst working within NICE guidelines.

We were both very impressed at this visit.

2.7 Recommendations

- 1) For Nicola and Matt to pass on the Good Practice from this department whenever and wherever possible.
- 2) For the Hospital Trust to continue to maintain the department in the future.



Appendix (i)

Senior Clinical Matron Questionnaire Summary

A. About Urgent Care

- **What is Urgent Care and how is different to ED, GP and other health care.**

The urgent care centre is for level 3 patients with illness and injury. The centre can be accessed through pre-booked 111 appointments as well as walk-in appointments. Emergency Department is now for level 1 patients with a higher acuity of illness and injury. Unlike GP practice we are unable to test / treat for long term / chronic conditions, for example scans or bloods.

- **Is Urgent Care at UHH provided 24/7**

Yes, it is a GP led service that is open 24/7 with admin staff, GP and an Urgent care Practitioner.

- **Staffing, nurses, doctors, reception, other?**

Tues-Thurs day 2 Urgent Care Practitioner's, 1 Minor Injury Practitioner, 1 GP. 1 Urgent Care Practitioner & 1 GP overnight, 1 Health Care Assistants, 8-8:30, Reception 24/7

Fri-Mon day 3 Urgent Care Practitioner's, 1 Minor Injury Practitioner's, 1 GP. 1 Urgent Care Practitioner & 1 GP overnight, 1 Health Care Assistant 8-8:30, reception 24/7

- **Training and staff skill development?**

UCP - All completed degree level adult clinical skills. Approx. 60% have completed paediatric clinical skills, 2 more booked on and plan to have staff on each course going forward. Minor Injuries Practitioner's TUPE'd (Transfer of Undertakings Protection of employment) from Emergency Department and have all had injury training in house and some through university. Currently no courses available in-house or with Teesside University, on the job training available through mentors / senior Urgent Care Practitioner's for new staff.

Currently 5 practitioners have completed master's degree. 4 currently on Advanced Clinical Practitioner MSc apprenticeship, 7 non-prescribers, 1 currently on course. Minor Injury Practitioner's don't need prescribing.

- **Staff sickness, recruitment, use of bank staff.**

1 full time Urgent Care Practitioner post currently out to advert. 1 trainee Urgent Care Practitioner post going through finance for approval.

We use our own staff on NHSP

Sickness 1.89% (latest figure) top 3 reasons stress, respiratory and covid.

- **Current Covid policy, masks, ppe etc, staff and patients/carers/family?**

Currently we still wear masks in clinical areas due to increased risk in front of house environment, we encourage patients to wear them but often face challenge.

- **Other relevant policies and procedures?**

Streaming Standard Operative procedure



Transfer Standard Operative Procedure

Violence and aggression em07

Induction policy

Media policy

Covid clinic Standard Operative Procedure

B. Patient Journey

- **How do patients access Urgent Care (e.g via 111 referral with appointment, turn up without appointment, referral from other NHS service, pharmacy, unable to access timely GP appointment, other?)**

111 pre-booked appointments

Walk-ins

Referral from pharmacy as walk-in.

GP's send patients when they have no capacity / appointments.

- **Do patients make their own way or is transport ever provided?**

Patient can access transport from 111 if required, not controlled by Urgent Care Centre. We do, if required, provide transport to other services, such as transfer to James Cook University Hospital or Emergency Department North Tees General Hospital. In special circumstances we can provide transport home.

- **What issues / conditions do patients present with, any related statistics?**

As per separate document.

Top 3 presentations 1 - rash, 2 - abdominal pain, 3 - sore throat.

- **Patient information on arrival**

Slightly different to North Tees General Hospital, all patients are booked straight into Urgent Care Centre by admin on System 1. They are then streamed by a band 7 practitioner, to ensure they are in the right place.

- **Streaming process, how does it work?**

Observations done by Health Care Assistant when on shift, brief history taken and decision made to stream away, book alternative care or to be seen in UCC by GP or practitioner.

- **Waiting times, refreshments?**

Café in main entrance during the day, vending machines in main hospital evenings.

Operations manager is currently getting a system to operate in waiting room to inform regarding waiting times.

- **Onward referral and post visit communication (e.g. ward, Emergency Department, GP, other)**

If admitted to ward bed booked, patient informed and discharge letter given and transport arranged as required.

If discharged home information leaflets or verbal advice given.



If GP appointment needed Patient Process Facilitator, if available, will try to arrange appt.

If patient discharge a discharge letter is sent either electronically or on paper to GP surgery.

- **Non-attenders and frequent flyers?**

Non-attenders standard operational practice for did not attend's.

Frequent flyers details sent to Emergency Department secretaries to add to monthly meeting.

- **Complements, complaints and feedback.**

Compliments fed back at patient safety meeting and sent to named staff and discussed at Senior Clinical Matron and Matron huddles.

General feedback e-mailed to staff involved in compliments or complaints.

Broad feedback at staff meetings.

All complaints contacted by Senior Clinical Matron or Deputy Lead and followed up as appropriate.

C. Other Issues

- **Changes to services due to Covid, any on-going / permanent?**

Used telephone triage / treatment to reduce footfall.

Remote prescribing - still using this.

Covid clinics were available to access.

- **Medication and equipment held and given out?**

Omnicell all drugs on Patient Group Directive's for non-prescribers

Emergency resus drugs, palliative drugs.

Crutches, moonboots, nebuliser spacers, dressings.

Home First provide further equipment.

- **Sensory support (blind, deaf and DSI)**

Can access language line. Also have hearing loop system built into desk. 24/7 access to Trust contracted translation and interpreter service (everyday language solutions).

- **Accessibility and signage**

Monthly accessibility meeting to discuss challenges.

Health Care assistant 1-1 for blind or support from Urgent Care Practitioner / reception.

Trust contracted a full accessible audit of all North Tees and Hartlepool NHS Foundation Trust sites. Peterlee complete, Hartlepool underway and North Tees to follow. Audit is a walk around of the site from bus stop/car park through all patient journeys to ensure site is accessible for patients who require reasonable adjustments and this including signage.



- **Dementia awareness and staff training**

Over 95% staff compliance with electronic staff record only 2 still require to undertake training.

- **Mental health support and referral**

Child and Adult Mental Health Services

Crisis Team

Roseberry Park assessment suite access

TEWV 24/7 emergency access

- **Bloods, swabs, x-rays etc. do they happen at UC or elsewhere?**

Hartlepool do not have access to do bloods. We do undertake urine samples, wound swabs and x-rays.

- **Computer System**

SystemOne

ICE for tests

PACS for x-ray

- **ISPA, social services and care providers**

Integrated Single Point of Access area based in the Urgent Care Centre on an evening to support patients to stay at home. We also have 24/7 access to duty Social Services team. We have close links with North East Ambulance Service as we work as an alliance, they support home visits.

- **Visiting team and Covid, masks, PPE, lateral flow, vaccination.**

Masks are supplied PPE is available to all staff & patients as required. We no longer lateral flow test staff unless they are symptomatic. All staff apart from 1 are fully vaccinated.



Appendix ii

HEALTHWATCH HARTLEPOOL

Draft COVID RISK ASSESSMENT- ENTER & VIEW VISIT

Location of Visit Urgent Care Centre UHH

Assessment Prepared by Stephen Thomas

Date of Assessment 23/09/22

Date of Visit 30/0922

Date Checked and Agreed by Senior Clinical Matron

Comments - DRAFT Risk Assessment for proposed Enter and View visit to UCC at UHH (date to be confirmed) by Healthwatch Hartlepool

<p>What are the hazards/risks associated with the visit? What could happen? Please list</p>	<p>Who is particularly at risk?</p>	<p>What precautions or existing control measures are presently taken?</p>	<p>Risk of accident/dangerous occurrence of non-compliance High/Medium/Low</p>	<p>Actions</p>
<p>Risk of infection (Covid, Flu or other) from members of the visiting team</p>	<ul style="list-style-type: none"> • UCC Staff • Patients, Family members and friends 	<p>Pre-visit Precautions</p> <ul style="list-style-type: none"> • The visiting team will be limited to two Healthwatch Hartlepool E&V representatives. • The visitors will be fully up to date with Covid vaccinations. This will be evidenced prior to the visit through presentation of their Covid Vaccine Passport, to the Healthwatch Development Officer. • If available, visitors will have had the annual seasonal flu vaccine. 	<p>High</p>	<ul style="list-style-type: none"> • Pre-visit virtual meetings with Senior Clinical Matron (or designated representative) to agree visit protocols and parameters • HWH Development Officer to ensure that visitor presents all relevant vaccination documentation prior to the visit and that it is made available to other parties on request.

		<ul style="list-style-type: none"> • Visitors will take a Lateral flow test on the day of the visit and provide proof of a negative outcome to the UCC Manager or representative before the start of the visit. • • The Senior Clinical Matron will provide HWH with any relevant H&S policies which the visitors are required to be aware of and observe during the visit. • The visitors will attend a pre-visit virtual meeting with the HWH Development Officer, Senior Clinical Matron (or designated representative) to agree final visit H&S arrangements and protocols. 		<ul style="list-style-type: none"> • Visitor to ensure they have undertaken required tests prior to the visit and that evidence is provided of a negative outcome. • Visitor to attend any virtual preparatory meetings with HWH Development officer, Senior Clinical Matron (or designated representative) as required. • Senior Clinical Matron (or designated representative) to provide HWH with copies of all relevant Covid and general H&S policies prior to the visit
Risk of infection (Covid, Flu or other) from members of the visiting team	<ul style="list-style-type: none"> • UCC Staff • Patients, Family members and friends • E&V visitor 	<ul style="list-style-type: none"> • Visit Precautions • On arrival at the Home, the visitors will present all relevant documentation referred to above and their HWH Identity Card. • The Senior Clinical Matron (or designated representative) will provide a full briefing around H&S requirements which the visitors will be expected to follow during the visit. • The visit will be limited to communal/waiting areas and 1:1 discussion with patients, family members or staff in designated areas. 	High	<ul style="list-style-type: none"> • Identification of best practice to ensure risk minimisation at pre-visit virtual meetings • Agreement of strict set parameters within which the visit will be conducted • Development of pre-visit questionnaire for residents' family members and visitors to minimise the need for face to face contact • Cancellation of visit if levels of Covid increase significantly.

		<ul style="list-style-type: none">• The visitors will at all times follow UCC policy on PPE and any other underpinning legislative requirements relating to health and safety during the visit.		
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<p>General Visit Safety measures</p>	<ul style="list-style-type: none"> • UCC Staff • Patients, Family members and friends • E&V visitor 	<p>General Requirements</p> <ul style="list-style-type: none"> • The visitors will dress in a manner which minimises infection risks (e.g., short sleeved shirt, no jewellery except wedding ring) HWH person ID badge will be displayed at all times. UCC Manager with rights to refuse visitor entry to the ward if visitor does not fully comply. • Visitors will observe all general H&S policies and practices of UCC and any instruction received from UCC staff during the visit. • The visitors will have completed the full HWH E&V training programme, have a recent and verified DBS check and will all be experienced E&V representatives. • The visitors will notify the HWH Office that they are safely home at the end of the visit. • At no time during the course of the visit will members of the visiting team interfere with the delivery of care services to patients or any other aspect of the day to day operation of UCC • If visitors fail to comply with any of the above during the course of the visit the Senior Clinical Matron should immediately suspend the visit and inform the HWH Office accordingly. 	<p>High</p>	<ul style="list-style-type: none"> • HWH Development officer to ensure the visitors are aware of and compliant with all policies, procedures and requirements relating to the conduct of the visit • Visitors to contact HWH to confirm safe arrival home on conclusion of the visit. • HWH to provide contact details of HWH office. • HWH Development Officer to ensure Senior Clinical Matron is fully aware of the personal and legislative parameters visitors must observe during the course of E+V visits.
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Appendix (iii)

Urgent Care Patient Survey - 15 responses received

Q1) What was your reason for visiting Urgent Care?

- Feeling unwell (5)
- Adverse reaction to vaccine
- Chaperoned my uncle who had recently had a fall
- Child with earache
- I passed a kidney stone and was advised to come by 111
- With my mother who had a UTI
- Took my daughter who had a pain in her lower spine
- Took my son who had fallen and injured his collar bone
- Post operation infection
- Had a fall which caused injury to my foot and leg
- Injury

Q2) Why did you choose Urgent Care?

- GP advised me to come, no appointments at surgery (2)
- No appointments available with GP (3)
- GP shut (2)
- Sent from nursing home
- Last Saturday night child not able to sleep with pain, did not want to wait till Monday for GP appointment
- 111 advised me to come and booked appointment
- GP in Liverpool, rang 111 and they advised me to come
- I suspected it was a fracture and knew it could be identified and treated at Urgent care. I rang 111 for an appointment so we didn't have to wait too long
- Tried to get appointment via 111 but not possible due to IT issues so self-presented
- Nearest place to come to
- Needed an injury checking to make sure no breaks

Q3) How did you get to Urgent Care?

- By car (12)
- Wheelchair taxi (1)
- Lift from friend (2)

Q4) On arrival, did you have any problems finding Urgent Care?

- No (10)
- Signage adequate, no problem locating
- None, it was clearly signed, and I have visited before
- Parking information is terrible
- Yes
- I was told at main reception where it was

Q5) If you needed assistance getting to Urgent Care, were hospital staff helpful?

- Not needed (10)
- Nursing staff, doctors and reception staff all lovely, kind and helpful
- Help was offered, but I managed to access myself

Q6) If you have a disability, do you feel Urgent Care is accessible?

- N/A (6)
- Lovely department, nice big toilet, all flat surfaces and spacious
- Yes - doors to office spaces - (consultation rooms are quite heavy to manage)
- My uncle mobilises via wheelchair, whilst the paths have ramps, they are very uneven and often uncomfortable to those in wheelchairs
- Poor signs to disabled toilets
- It is ok
- Physically accessible but from an autistic perspective it was quite difficult
- There isn't much room for wheelchairs in the waiting area, and none at all in the triage area

Q7) When you arrived, how long did you wait to be seen?

- A few minutes
- 10 minutes (2)
- 15 minutes
- 20-30 minutes
- 40 minutes and I was told about waiting times
- 20 minutes, I was told to take a seat, that was it
- 45 minutes
- A few minutes I think
- 1.5 hours, I saw triage and had observations done. I was able to tell them my concerns and they explained a clinician would see me next
- On arrival a receptionist was very helpful, she came from around the desk to talk to me as she could see I was anxious and a little nervous, pointed me to a quiet area
- Approximately 1 hour and no explanation needed
- Was booked to be seen at 7.30 by 111 and was seen after 9. I sat in pain, nobody checked on me despite asking when I would be seen, and my symptoms worsened
- Approximately 2 hours, initial assessment done quickly, longer to see doctor
- Two hours and nothing was explained to me
- On the time I was there at 6am I didn't wait at all. Previously with my arm, 20 minutes

Q8) Were You advised as to Urgent Care's Covid Policy?

- Yes (7)
- No (3)
- Yes, when I turned up signage on desk



- I was wearing a mask on entry. Covid signage visible to all. However, some people did not follow guidance and requirements. The receptionist asked those few to wear a mask or visor
- No advice and no mask offered
- No, and nobody had them on, staff or patients
- Not of their policy, but masks were on offer

Q9) After arrival triage, how long did you wait before receiving treatment?

- Approximately 5 minutes
- Approximately 10 minutes (3)
- Approximately 20 minutes
- Approximately 40 minutes
- Approximately 1hr 45mins
- Approximately 2.5 hours
- Approximately 1.5 hours (2)
- Approximately 4 hours
- I went straight to the appointment as had called 111
- Sent home after triage. No further tests recommended. Crutches were given out

Q10) Did you feel safe and comfortable whilst waiting to be seen?

- Yes (9)
- Yes, music on, comfy seat, clean environment
- Yes, I was accompanied by husband
- Yes, as not very busy, however, embarrassing having to do a water sample
- No, the place was overrun by rude and aggressive patients and their families
- Felt very anxious as unit was very busy
- Not always, mostly yes, but at times felt not entirely safe due to some other people there

Q11) Were refreshments available?

- No (8)
- Water on desk only, no vending machines
- Didn't see any (2)
- I don't know, man behind reception very unhelpful, not approachable for things like water
- Water (2)
- Yes

Q12) If you have a disability or sensory loss was support offered?

- N/a (7)
- Yes, asked by all staff (2)
- Both treatment staff opened double doors and ensured my uncle was comfortable throughout
- I had my hearing aids and managed fine
- N/a but I do think they need to have something there for the visually impaired as only have names flash up on screen, not said aloud



Q13) Were toilet facilities clean and available?

- Yes (7)
- Yes, very clean, blue lighting affected my vision on leaving toilet
- Yes, very clean (3)
- They were clean
- They were available
- N/a (2)

Q14) Who did you see for treatment?

- Doctor (2)
- Nurse (6)
- Nurse Practitioner (2)
- Nurse and Radiographer
- Nurse, despite being told by 111 it would be doctor
- Triage nurse then Doctor (2)
- Nurse and X-ray Technician

Q15) Were you happy with the consultation you received?

- Yes (7)
- Yes, better than my own GP, better at listening, took time, more comprehensive examination
- Yes, very clear treatment
- Yes, both were thorough, friendly and easy to understand
- Yes, prescription provided there and then
- Yes, but the nurse was quite rude to both me and my son
- For the most part yes. The doctors were all lovely as were most nurses, but some don't seem to understand the role carers play when accompanying those we care for.
- No
- No. Staff was very abrupt in manner causing meltdown for the patient who was very distressed. Staff then proceeded to raise voice and refer to "No Tolerance Policy". I had to intervene and tell them patient was autistic and to give her a few moments to compose herself. Staff wasn't happy but remained quiet until I calmed patient and we continued

Q16) Did you understand your diagnosis, and what would happen next?

- Yes (11)
- Yes, I was advised of findings and what to do if things didn't improve
- Yes and ensured that both were written down to give nursing home staff. The Triage Nurse explained the X-Ray and next step thoroughly
- Very unhelpful, wasted time going, I should have gone to hospital

Q17) How do you rate your experience of Urgent Care?

- Unacceptable - 0 (0%)
- Poor - 2 (13.3%)
- Ok - 2 (13.3%)
- Good - 7 (46.7%)



- Excellent - 4 (26.7%)

Q18) Have you any suggestions as to how Urgent Care could be improved?

- Found it to be a good service
- With the GP surgeries not seeing anyone these wonderful people need a pay rise, they are the way forward, shining stars!
- It is a small space, waiting areas are a little claustrophobic, in waiting area 2 clearer signs on where to go next needed.
- None from this visit. Staff were friendly and professional. It was mid-morning, and few people were attending so seen quickly. We are fortunate to have a service like this.
- More information on what will happen while you are there and approximate waiting time.
- Don't pre-book times or get 111 to if you can't stick to them. Make the waiting area more comfortable and staff should know about when you need to pay for parking
- Make parking cheaper, £4 for 30 minute stay is very expensive
- If more people used 111 and got appointments this would help with flow, but always going to be need for walk-in service
- More fresh air in waiting room
- More staff training around hidden disabilities
- The streaming room that is used for triage is too hot and too small. It is not big enough to get more than one person in without second being in the way. There are no spaces to put a wheelchair when you are in the waiting room. Better signage needed and couldn't reach hand sanitiser as equipment in way.

Q19) Any final comments

- GP service not fit for purpose, so Urgent Care invaluable service
- Meet and greet is the first point of contact at Urgent Care. The day of my visit (26/9/22) the receptionist was most kind and caring. In my opinion the lady set the tone, I felt important and that is what you need, well done!
- Only one comment about getting to Urgent Care. I tried the previous evening to bring my uncle for assessment but only one wheelchair taxi and that was on its way to Gateshead. Accessible taxis are very limited, cannot be booked in advance and more expensive.
- Returned 6 days later as antibiotics didn't work. Saw GP in Urgent Care who was really good. Second course of antibiotics given, and infection cleared.
- Staff work hard and are fabulous, just not enough of them
- Pleased I didn't have to wait long as was in pain
- Earlier this year nurse in triage room refused to let me in with husband because of covid. I informed them I was his carer and showed my carer card and offered to stand by doorway and not in the room. Nurse went on to say he couldn't have memory issues because he didn't have a head trauma, only anxiety (he has numerous health problems). Staff need education around important role of carers and support they give. Also, more education around mental health issues and debilitating impact of long term depression. Cannot dismiss mental health issues and if I hadn't stood up my ground



husband could have been left without the care he needed while trying to get help for being unwell.

2.8 Service Provider Response

Hi Stephen

Thank you for the draft report. No comments on the Report. Nic did make a couple of comments re patient's feedback FYI:

From the 2 comments regarding the streaming rooms/waiting room:

We have 3 separate waiting areas with room for wheelchairs in the 2 bigger waiting rooms.

During the height of the pandemic regrettably we were only allowed 1 person in the streaming room as the discussion was to get a brief history and a set of observations, however, please be reassured that carers were still allowed in clinical rooms to see clinicians as they were better sized.

We look forward to the final report.

Please let me know if you need any further information.

Kind regards

Ali

Alison Connelly

Patient Experience Manager

North Tees and Hartlepool NHS Foundation Trust

